

AMENDMENT TRANSMITTAL LETTER

Docket No.
SPINE 3.0-437 CIPCIPCIPCIPCIPCON1

Application No.
10/784,646-Conf. #8184

Filing Date
February 23, 2004

Examiner
B. E. Pellegrino

Art Unit
3738

Applicant(s): Joseph P. Errico, Michael W. Dudasik, and Rafail Zubok

Invention: ARTIFICIAL INTERVERTEBRAL DISC TRIAL HAVING A CONTROLLABLY SEPARABLE DISTAL END

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	20	- 21 =	0	x 52.00	0.00
Independent Claims	2	- 3 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00

 Large Entity

 Small Entity

 No additional fee is required for this amendment.

 Please charge Deposit Account No. _____ in the amount of \$ _____.

 A check in the amount of \$ _____ to cover the filing fee is enclosed.

 Payment by credit card. Form PTO-2038 is attached.

 The Director is hereby authorized to charge and credit Deposit Account No. 12-1095 as described below. A duplicate copy of this sheet is enclosed.

 Credit any overpayment.

 Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

William A. Di Bianca/

William A. Di Bianca

Attorney/Agent Reg. No.: 58,653

Dated: March 19, 2009

LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP
600 South Avenue West

Westfield, New Jersey 07090
(908) 654-5000

Adjustment date: 04/22/2009 CKHLUK
03/20/2009 INTFSW 00000407 121095
01 FC:1454 1418.00 CR

10784646

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: March 19, 2009

Electronic Signature for William A. Di Bianca: /William A. Di Bianca/

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 4-11-09 2 Serial/Patent #: 10/784646

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition		<u>3-19-09</u>	<u>\$ 1,410.00</u>
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	<u>\$ 1,410.00</u>	
		8 TO BE REFUNDED BY:		
<input type="checkbox"/>	Overpayment	Treasury Check		
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:		<u>12--1095</u>
9 No Fee Due (Explanation): <u>Not necessary.</u>				
10 REASON:				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Petitions Examiner</u>		
SIGNATURE: <u>/Karen Creasy/</u>		PHONE: <u>2-3208</u>		
OFFICE: <u>Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>CKL/K</u>		DATE: <u>4/22/09</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B